

SENDER, COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FILED

5-1-2008
MAY - 1 2008MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

08cr320

2. Article Number
(Transfer from service label)

7007 0710 0003 4410 4404

PS Form 3811, February 2004

Domestic Return Receipt

102805-02-M-1540

A. Signature

X Shirley Mayer

 Agent
 Addressee

B. Received by (Printed Name)

SHIRLEY MAYER

C. Date of Delivery

4/30/08

D. Is delivery address different from Item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) YesUNITED STATES POSTAL SERVICE
BUFFALO NY 142First-Class Mail
Postage & Fees Paid
USPS
Permit No. Q-10

28 APR 2008 PM 1 T

• Sender: Please print your name, address, and ZIP+4 in this box *

Clerk of the U.S. District Court
 United States Court House
 Northern District of Illinois
 219 South Dearborn Street
 Chicago, IL 60604

RECEIVED

MAY 01 2008

08cr320

24-1833

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT